

AMENDMENT TRANSMITTAL LETTER			ATTORNEY'S DOCKET NO.	
SERIAL NO.	FILING DATE	EXAMINER	GROUP ART UNIT	
INVENTION				

TO THE COMMISSIONER OF PATENTS AND TRADEMARKS:

Transmitted herewith is an amendment in the above-identified application.

Small entity status of this application under 37 CFR 1.27 has been established by a verified statement previously submitted.

A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

No additional fee is required.

The fee has been calculated as shown below:

(1)					(2)					(3)					SMALL ENTITY		OTHER THAN A SMALL ENTITY	
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE		ADDIT FEE	OR		RATE		ADDIT FEE						
TOTAL		MINUS		-	x \$ 6=	\$		x \$ 12=	\$									
INDEP		MINUS		-	x \$ 18=	\$		x \$ 36=	\$									
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$ 60=	\$		+ \$ 120=	\$									
					TOTAL	\$		TOTAL	\$									
					ADDIT. FEE													

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1.

Please charge my Deposit Account No. \_\_\_\_\_ in the amount of \$ \_\_\_\_\_.

A duplicate copy of this sheet is enclosed.

A check in the amount of \$ \_\_\_\_\_ to cover the filing fee is enclosed.

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. \_\_\_\_\_. A Duplicate copy of this sheet is enclosed.

Any additional filing fees required under 37 CFR 1.16.

Any patent application processing fees under 37 CFR 1.17.

02/23/97

*[Signature]*

*\$ 380 +  
2 independent claims  
33 dependent claims  
=> 15 supply. dependt claim  
15 x 9 = 135  
=> \$ 380 + \$ 135 = \$ 515*